

## APPLICATION DATA SHEET

### **Application Information**

Application Number:: Not yet assigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?::  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: Back-Biasing to Populate Strained  
Layer Quantum Wells  
Attorney Docket Number:: ASC-001C1  
Request for Early Publication?::  
Request for Non-Publication?::  
Suggested Drawing Figure::  
Total Drawing Sheets:: 9  
Small Entity?:: No  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status::  
Given Name:: Richard  
Middle Name::  
Family Name:: Hammond  
Name Suffix::

City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 16 Saint Paul Street Apt. 1  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status::  
Given Name:: Glyn  
Middle Name::  
Family Name:: Braithwaite  
Name Suffix::  
City of Residence:: Hooksett  
State or Province of Residence:: NH  
Country of Residence:: USA  
Street of Mailing Address:: 1465 Hooksett Road #186  
City of Mailing Address:: Hooksett  
State or Province of Mailing Address:: NH  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 03106-1863

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation	10/191,006	07/08/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: AmberWave Systems Corporation

City of Mailing Address:: Salem

State or Province of Mailing Address:: NH

Country of Mailing Address:: USA

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